

HEAVY METAL REQUISITION  
DEMOGRAPHICS FORM

<<FORM\_ID>>

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)
CLIENT INFORMATION
SAMPLE INFORMATION (REQUIRED)
PHYSICIAN INFORMATION (REQUIRED)
EMPLOYER INFORMATION (REQUIRED)
BILLING INSTRUCTIONS (MUST COMPLETE OR CLIENT WILL BE BILLED)
DIAGNOSIS CODE (REQUIRED) ICD-10 Codes
MEDICAL NECESSITY NOTICE
INDICATE TESTS REQUESTED

Ohio Administrative Codes 3701-30-05 and 3701-32-14 state that any physician or healthcare provider requesting analysis for lead, cadmium, arsenic or mercury shall complete each request with the above information.